


Serial No. 09/883,089

A duly executed oath/Power of Attorney and Assignment document will follow this response in due course along with any necessary extension fees.

Any fee deficit or overpayment in connection with this matter may be charged/credited to account number 06-2360.

Respectfully submitted,

By 
Daniel D. Ryan, Reg. No. 29,243

RYAN KROMHOLZ & MANION, S.C.
P.O. Box 26618
Milwaukee, Wisconsin 53226
(262) 783 - 1300
883089.pet

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OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/16/02</u>		2 Serial/Patent # <u>09/883,089</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	4	9/10/01	\$ 130.00							
<input type="checkbox"/>	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 130.00							
8 TO BE REFUNDED BY:											
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">6</td> <td style="width: 20px;">0</td> </tr> </table>			0	6	--	2	3	6	0
0	6	--	2	3	6	0					
10 REASON:											
	Overpayment										
	Duplicate Payment										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	Office mistake. Drawing sheet was present on filing									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E Shirene Willis</u>		TITLE: <u>Petitions Attorney</u>									
SIGNATURE: <u>E Shirene Willis</u>		PHONE: <u>308-6712</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alison Kelly</u>		DATE: <u>5-23-02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: